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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Gall et al.

EXAMINER: Bui, Hung S.

SERIAL NO.: 10/659,884

GROUP: 2841

FILED: 09/11/2003

CASE NO.: IS01231AP

TITLED: Electronic Control Unit

Motorola, Inc.
Law Dept. - 3rd floor
1303 E. Algonquin Rd.
Schaumburg, IL 60196

Certificate of Transmission under 37 CFR 1.8	
I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.	
on <u>January 4, 2005</u>	<u>1/4/2005</u>
Motorola, Inc.	Date
Name of applicant, assignee, or Registered Representative	
<u>[Signature]</u>	
Signature	

AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

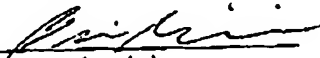
Sir:

In response to the Restriction Requirement dated November 03, 2004 in the above
captioned matter, please enter the following amendment and response:

Authorization is hereby given to charge any fees necessitated by actions taken herein to
Deposit Account 50-2117.

Customer Number 22917
Motorola, Inc.
Law Dept. - 3rd floor
1303 E. Algonquin Rd.
Schaumburg, IL 60196

Respectfully submitted,
Gall et al.

By: 
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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

Application or Document Number

10/659884

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
X 25		OR	X 50	
X 100		OR	X 200	
+180		OR	+360	
TOTAL		OR	TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	114/05		
Total	* 20	Minus ** 20	= -
Independent	* 3	Minus *** 3	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

1, 9, 14,

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X 25		OR	X 50	
X 100		OR	X 200	
+180		OR	+360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	**	=
Independent	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X 25		OR	X 50	
X 100		OR	X 200	
+180		OR	+360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	Minus	**	=
Independent	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X 25		OR	X 50	
X 100		OR	X 200	
+180		OR	+360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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